

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091868632** FILING DATE _____
APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	①		1			
7	①		1			
8	①		2			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
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16	①		1			
17	①		1			
18	1		1			
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21	1		1			
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23	1		1			
24	①		1			
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50						
OTAL ID.			②			
OTAL EP.			32			
OTAL AIMS			34			

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TOTAL IND.								
TOTAL EP.								
TOTAL AIMS								
TOTAL CLAIMS								